



# REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☐ No If yes, provide the case number: \_\_\_\_\_

## PARTIES Include information for all parties involved.

**EMPLOYER** Franklin County  
**Contact** James Raymond  
**Title** Sheriff  
**Address** 1016 N. 4th Avenue  
**City, State, ZIP** Pasco WA 99301  
**Phone** 360-545-3501 **Ext.** \_\_\_\_\_  
**Email** jraymond@franklincountywa.gov

## PETITIONER

Franklin County Sheriff's Management Association/Washington Fraternal Order of Police

**Contact** James David  
**Title** Attorney  
**Address** Box 126  
**City, State, ZIP** Vancouver WA 98666  
**Phone** 360-859-4000 **Ext.** \_\_\_\_\_  
**Email** Jim.David@wafop.com

## CURRENT BARGAINING REPRESENTATIVE

(If One Exists) \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_  
**Email** \_\_\_\_\_

## TYPE OF REQUEST Select ONE of the following.

- ☒ **NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ☐ **ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- ☐ **CHANGE REPRESENTATIVE** of existing bargaining unit.
- ☐ **REMOVE REPRESENTATIVE** of existing bargaining unit.

## BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

### SECTION 1—Describe the Existing Bargaining Unit:

**Number of Employees in Existing Unit** \_\_\_\_\_

### SECTION 2—Describe the Proposed Bargaining Unit:

All sworn officers above the rank of sergeant and all lieutenants, captain and commanders employed by the Sheriff's department except for confidential employees.

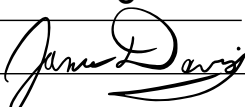
**Number of Employees in Proposed Unit** 7

**If a CBA exists, what is the expiration date?** \_\_\_\_\_

## SHOWING OF INTEREST

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

## PETITIONER REPRESENTATIVE

**Name** James David  
**Address** Box 126  
**Phone** 360-859-4000 **Ext.** \_\_\_\_\_  
**Signature** 

**Title** Attorney  
**City, State, ZIP** Vancouver WA 98666  
**Email** Jim.David@wafop.com  
**Date** April 19, 2023

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON**

Franklin County Sheriff's Management  
Association/Washington Fraternal  
Order of Police

Petitioner/Complainant/Filing Party

v.

Franklin County

Respondent/Responding Party

Case Number

**CERTIFICATE OF SERVICE**

I certify that I served a copy of this (*title of document*) Representation Petition  
on all parties or their counsel of record on (*date*) 4/19/23

To:	Name	James Raymond		
	Organization	Franklin County Sheriff	<input checked="checked" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	1016 N 4th D 201	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Pasco WA 99301	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	jraymond@franklincountywa.gov		
	Fax			

To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	Fax			

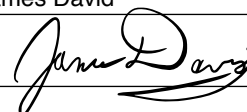
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email			
	Fax			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 4/19/23

Print Name James David

Signature



**From:** [Jim David](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** Representation Petition - Franklin County Sheriff  
**Date:** Wednesday, April 19, 2023 4:01:02 PM  
**Attachments:** Certificate of service.pdf  
PERC application.pdf  
FOP Intrest Cards Combined.pdf

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External Email

Please see the attached Representation Petition, Interest Cards and Certificate of Service.

**Jim David**  
Attorney

Washington Fraternal Order of Police Labor Coalition  
David Law Offices PLLC

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